



**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Paul J. Timans et al

Paul J. Timans et al

Art Unit: 3742

Serial No: 10/629,400

Filed: July 28, 2003

Por: SELECTIVE REFLECTIVITY PROCESS CHAMBER WITH CUSTOMIZED WAVELENGTH RESPONSE AND METHOD

Description of Examiner: Shawntina T. Fuqua

Art Unit: 3742

Attorney Docket: MAT-9

Date: November 5, 2004

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 8, 2004.

av R Bev

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

## RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

The following amendments and remarks are intended as a full and complete response to the outstanding Office Action dated (mailed) October 5, 2004.

## **PATENT** IN THE UNITED STATES PATENT AND TRADEMARK OFFICE re the application of Examiner: Shawntina T. Fuqua Paul J. Timans et al Art Unit: 3742 Serial No: 10/629,400 Attorney Docket: MAT-9 Filed: July 28, 2003 Date: November 5, 2004 For: SELECTIVE REFLECTIVITY PROCESS CHAMBER WITH CUSTOMIZED WAVELENGTH RESPONSE AND METHOD CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 5, 2014. Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450 SIR: Transmitted herewith is an Amendment for the above application. Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established No additional fee is required. Postcard included The fee has been calculated as shown below: (Col. 1) (Col. 2) (Col. 3) SMALL ENTITY NON-SMALL **ENTITY** Claims Previously Present Extra Additional Additional Fee Remaining Paid For Fee \*\*166 Total Claims \* 166 0 x 9 x 18 | \$ 0 Minus \*\*\* 12 Indep. Claims \* 12 Minus 0 x 43 \$ x 86 | \$ 0 First Presentation of Multiple Dependent Claim(s) +145 +290 | \$ 0 If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3. Total | \$ Total | \$ 0 If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims

originally filed.

Applicant(s) hereby Petition(s) for an Extension of Time of \_\_\_\_\_\_ month(s) pursuant to 37 C.F.R. § 1.136(a).

Please charge my Deposit Account No. 19-1685 (Order No. MAT-9) the amount of \$\_\_\_\_\_ to cover the additional claims fee. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. MAT-9) (a duplicate copy of this sheet is enclosed):

Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims. Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted.

Registration No. 39,907